Appendix 3 ▪ File Specifications

Client and Service Files for MSSP Upload			
Field Description	**Field Name**	**Data Type**	**Field Size**
C=character (alpha)	**D=data** **M=memo**	**N=number (numeric)**	
Social Security Number	ssn	C	9
Submitter Number	sub_num	N	3
MSSP Number	mssp_no	N	4
Not currently used	tincomple	N	1
Not currently used	rincomple	N	1
Not currently used	incomple	N	1
Site Number	site_no	N	2
Staff Code	staff_code	N	3
Client Date of Birth	client_db	D	8
Client First Name	client_fn	C	15
Client Last Name	client_ln	C	15
Client Middle Initial	client_mi	C	1
Client Age	age	N	4
Client Sex	sex	N	1
Client County Code	client_cc	C	2
Client Zip Code	client_zip	C	9
Client Telephone Number	client_tel	C	10
Change in level of care	current_ch	D	1
Current Level of Care	current_lo	D	1
Enrolled Date	edate	N	8
Education Level	educatn_le	N	2
Functional Impairment	funct_imp	N	2
Initial Level of Care	init_fyloc	N	2
Live Alone	live_alone	N	2
Low Income	low_income	N	2
Marital Status	marital_st	N	2
Medicare Number	medicare	C	10
Race Origin	race_orig	N	2
Other Race	other_race	C	20
Client Main Language	client_ml	N	2
Other Language	other_lang	C	20
Termination Date Entered	tdate_ente	D	8
Date screen is entered/edited	date_enter	D	8
Referral Source Code	ref_srcode	N	2
Other Referral Source	other_reft	C	20
Termination Date	tdate	D	8
Termination Reason	term_reas	N	2
Other Termination Reason	other_reas	C	20
Termination Comment	term_com	M	10
Client Date of Death	client_dd	D	8

Client and Service Files for MSSP Upload			
Field Description	**Field Name**	**Data Type**	**Field Size**
C=character (alpha)	**D=data**	**M=memo**	**N=number (numeric)**
Client Place of Death	client_pd	N	2
Other Place of Death	other_pd	C	20
Client Aid Code	aid_code	C	2
Service Code	serv_code	N	7
Social Security Number	ssn	C	9
Site Number	site_no	N	2
Provider Code	prov_code	N	3
Service Authorization Form Number	saf_no	C	8
Fund Code	fund_code	N	2
Fund Type	fund_type	N	1
Service Date	serv_date	C	6
Date Verified	date_var	D	8
Code Service Comments	cl_servcom	M	10
Enrolled Date	enrol_date	D	8
From Date of Service	from_dos	C	2
Termination Date	term_date	D	8
To Date of Service	to_dos	C	2
Total Cost Authorized	totc_aut	N	8
Total Cost Delivered	totc_del	N	8
Total Cost Authorized	totcost_au	N	7
Total Cost Delivered	totcost_de	N	7
Total Cost Paid	totcost_pd	N	7
Total Mileage Authorized	totmile_au	N	7
Total Mileage Delivered	totmile_de	N	7
Total Units Authorized	totunit_au	N	7
Total Units Delivered	totunit_de	N	7
N/A	type_auth	N	1
N/A	other_type	C	20
Unit Type Authorized	unitype_au	C	10
Unit Type Delivered	unitype_de	C	10
Unit rate	unit_rate	N	7
Mileage Rate	mile_rate	N	7
Verified*	varified	N	1
*The field name is spelled wrong but cannot be changed.			